PART B - FEE(S) TRANSMITTAL

	1 400 % 3 / 4000				P.O. Alexa Fax (571)	missioner 10 Box 1450 indria, Virg -273-2885			
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence addindicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRES maintenance fee province address."								
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08/	23581 75 KOLISCH HAR 200 PACIFIC BUI 520 SW YAMHIL PORTLAND, OR 22/2006 RMEBRAH1 0000		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Peter D. Sabido (Depositor's name)						
	FC:1501 1400.00 OP FC:1504 300.00 OP				Au	August 17, 2006 (Signature)			
	APPLICATION NO. FILING DATE FI			IRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/672,957 TITLE OF INVENTION: A	Jon C. M	arine		MAT 315	9433			
	APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		\$3	00	\$1700	08/22/2006	
	EXAMINER ART			NIT CLASS-SUBCLASS		BCLASS			
	CEGIELNIK, URSZULA M 3711				446-20	68000			
	1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)							
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been for the patent.							document has been filed for	
	recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a su (A) NAME OF ASSIGNEE (B) F				substitute for filing an assignment. B) RESIDENCE: (CITY and STATE OR COUNTRY)				
	Mattel, Inc.				Emeryville, CA				
	Please check the appropriate assignee category or categories (will not be printed on the patent):								
	4a. The following fee(s) are enclosed: State Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			D. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1540 (enclose an extra copy of this form).					
	5. Change in Entity Status (from status indicated above)						LL ENTITY status. See 37 (
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	Authorized Signature	K-PM	S/kl	6		DateAu	igust 17, 2006		
	Typed or printed name <u>Peter D. Sabido</u>					Registration N	No. <u>50,353</u>		
	Alexandria, virginia 22313-	1430.					the public which is to file (ar minutes to complete, includi omments on the amount of t Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, of number.	